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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2007 0 4 3 0 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 05 18 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

Image# 27990077053

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC D D [®] D 0 4 2007 0 1 2007 0.4 3 0 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2007 1038787.58 January 1 (b) Cash on Hand at 912595.22 Begining of Reporting Period 71982.52 277644.55 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 984577.74 1316432.13 6(a) and 6(c) for Column B) 72450.17 404304.56 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 912127.57 912127.57 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

м м 0 4 ^D 0 1

2007

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^D 3 0

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	32105.88	72581.19
	(ii) Unitemized	15548.59	34778.01
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	47654.47	107359.20
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	5000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47654.47	112359.20
2.	Transfers From Affiliated/Other Party Committees	24000.00	163900.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	328.05	1385.35
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	71982.52	277644.55
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	71982.52	277644.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	450.47	0754.50
	Expenditures	450.17	2754.56
	(c) Total Operating Expenditures	450.17	2754.56
2	(add 21(a)(i), (a)(ii) and (b))	450.17	2754.50
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	71500.00	400800.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		3.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	500.00	750.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	500.00	750.00
	(add Lines 28(a), (b), and (c))	500.00	750.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	With Federal Funds	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	72450.17	404304.56
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	70150 17	1010015
	from Line 31)	72450.17	404304.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47654.47	112359.20
34. Total Contribution Refunds (from Line 28(d))	500.00	750.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47154.47	111609.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	450.17	2754.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	450.17	2754.56

		1		FOR LINE NUMBER: PAGE 6 / 55
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δ,	y information copied from such Reports and Sta	ntomonto mo	, not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Patricia J. Crome			Date of Receipt
	Mailing Address 2821 Second Avenue 905			04 01 7 2007
	City	State	Zip Code	Transaction ID: 13982764
	Seattle	WA	98121-1282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Virginia Mason Medical Ce- nter	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Patricia Noga			Date of Receipt
	Mailing Address 325 Oak Street	M M / D D / Y Y Y Y		
				04 05 2007
	City	State	Zip Code	Transaction ID: 13987555
	Marshfield	MA	02050-6226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Massachusetts Hospital As-	Occupation	<u> </u>	
	Massachusetts Hospital Association	Senior Di	rector of Clinical Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		05000	1
	Other (specify)	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Sandra K. Davis, RN, Ph.D.			Date of Receipt
	Mailing Address 8408 Loire Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13987575
	Stockton	CA	95209-2246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		575.00
	Name of Employer San Joaquin General Hospi- tal	Occupation Chief Nur	n rsing Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	23 0	1 1 1 1 1 1 1	1
	Other (specify) ▼		575.00	
				1075.00
S	UBTOTAL of Receipts This Page (optional)			1073.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 55
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and S	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Carol A. Bradley, MSN, RN			Date of Receipt
	Mailing Address 1628 Laurel Street			04 05 2007
	City	State	Zip Code	Transaction ID: 13987576
	South Pasadena	CA	91030-4711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TENET Healthcare Corporat-	Occupation Nursing [
	lon Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	33 -3		7
	Other (specify) ▼		250.00	
				-
В.	Full Name (Last, First, Middle Initial) Mr. William L Welch, , CHE			Date of Receipt
	Mailing Address P O Box 277			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13987627
	Fairbury	NE	68352-0277	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0 0 0 0	250.00
	Name of Employer Jefferson Community Health	Occupation		
	Center		ecutive Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
	Other (specify)		0 0 0 0 0 0 0	4
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Laura J. Redoutey, FACHE			Date of Receipt
	Mailing Address 2520 Bretigne Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13987628
	Lincoln	NE	68512-2055	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		500.00
	Name of Employer Nebraska Hospital Associa- tion	Occupation President		
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify)		500.00	
				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/55 (check only one)
Ar	by information copied from such Reports and State for commercial purposes, other than using the nan	ments may	not be sold or used by any pers	on for the purpose of soliciting contributions
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ne and add	ness or any political committee to	Solicit Continuations from Such Committee.
Α.	Full Name (Last, First, Middle Initial) Ms. Marjorie Swetonic			Date of Receipt
	Mailing Address 3104 Faiss Dr.			04 05 2007
	City Las Vegas	State NV	Zip Code	Transaction ID: 13987681
	FEC ID number of contributing federal political committee.	C	89134-7432	Amount of Each Receipt this Period 500.00
	MountainVioly Hospital	Occupation Vice Cha		
			Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Claire Murray			Date of Receipt
	Mailing Address 1501 Twelfth Ave.			04 09 2007
	City Watervliet	State NY	Zip Code	Transaction ID: 13989260
	FEC ID number of contributing federal political committee.	C	12189-2402	Amount of Each Receipt this Period 250.00
	New York Organization Nurse Executives		e Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Patricia Yoder-Wise			Date of Receipt
	Mailing Address 7309 93rd Street			04 09 7 2007
	City Lubbock	State TX	Zip Code 79424-4939	Transaction ID: 13989317 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.12.1.000	390.00
	Texas Tech University Hea- lth Sciences		of Nursing e Year-to-Date ▼ 390.00	
s	UBTOTAL of Receipts This Page (optional)			1140.00
Т	OTAL This Period (last page this line number only	·)		

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 55
	· ·		Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		71	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Carol A. Bradley, MSN, RN			Date of Receipt
	Mailing Address 1628 Laurel Street			04 09 2007
	City	State	Zip Code	Transaction ID: 13989318
	South Pasadena	CA	91030-4711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer TENET Healthcare Corporat- ion	Occupation Nursing I		
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼		325.00	
3.	Full Name (Last, First, Middle Initial) Ms. Colleen J. Goode, RN, PhD.,			Date of Receipt
	Mailing Address 4200 East Ninth Avenue Post Office Box A-020			04 / 09 / 4 2007
	City	State	Zip Code	Transaction ID: 13990848
	Denver	CO	80220-3700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of Colorado Ho-	Occupation		
	spital Receipt For:		sident Patient Services & CN e Year-to-Date ▼	<u>0</u>
	Primary General	Aggregate	r rear-to-date V	1
	Other (specify)		250.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Michael Maron			Date of Receipt
	Mailing Address 718 Teaneck Road			04 12 2007
	City	State	Zip Code	Transaction ID: 13992698
	Teaneck	NJ	07666-4245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Holy Name Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
S	UBTOTAL of Receipts This Page (optional)			825.00
T	OTAL This Period (last page this line number or	nly)	_	

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	y not be sold or used by any pers		
or	for commercial purposes, other than using the	name and add	dress of any political committee t	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	Third Today Troopha Troopha Troopha				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Paul A Mertz			Date of Receipt	
	Mailing Address 201 Lyons Avenue			M M / D D / Y Y Y Y	
				04 12 2007	
	City	State	Zip Code	Transaction ID: 13992701	
	Newark	NJ	07112-2027	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		500.00	
	federal political committee.			300.00	
	Name of Employer	Occupation	2		
	Name of Employer Newark Beth Israel Medical	Executive			
	Center Receipt For:		Year-to-Date ▼		
	Primary General	riggregate	real to Bate V		
	Other (specify) ▼		500.00		
			0 0 0 0 0 0 0	_	
_	Full Name (Last, First, Middle Initial)				
В.	, , , ,			Date of Receipt	
	Mailing Address 223 North Van Dien Av	M M / D D / Y Y Y			
				04 12 2007	
	City	State	Zip Code	Transaction ID: 13992702	
	Ridgewood	NJ	07450-2726	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	
	federal political committee.	C		300.00	
	Name of Employer	Occupation	2		
	Valley Hospital		t and Chief Executive Office	ar I	
	Receipt For:		Year-to-Date ▼		
	Primary General	riggregate	real to Bate V		
	Other (specify) ▼		500.00		
			0 0 0 0 0 0 0	_	
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Robert P Wise			Date of Receipt	
	Mailing Address 2100 Wescott Drive			M M / D D / Y Y Y Y	
				04 12 2007	
	City	State	Zip Code	Transaction ID: 13992717	
	Flemington	NJ	08822-4603	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		500.00	
	federal political committee.				
	Name of Employer	Occupation	 1	-	
	Name of Employer Hunterdon Medical Center		t and Chief Executive Office	er	
			e Year-to-Date ▼		
				¬ [
	Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)			1500.00	
\vdash					
т	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 55
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
Α.	Dr. Anthony R Tersigni, , Ed.D., F Mailing Address 4600 Edmundson Road	1		M M / D D / Y Y Y Y
		•		04 09 2007
	City	State	Zip Code	Transaction ID: 14021458
	Saint Louis	MO	63134-3806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ascension Health	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	'''	1000.00	
	Citiei (specify)		0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. Michael Phillip Guerin			Date of Receipt
	Mailing Address American Hospital Asso One North Franklin Stre	04 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14021464
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion Receipt For:		President/Secretary e Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-to-Date V	
	Other (specify) ▼	0 0	250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Richard Slusky			Date of Receipt
Ο.	Mailing Address 289 County Road			M M / D D / Y Y Y Y
				04 09 2007
	City	State	Zip Code	Transaction ID: 14021478
	Windsor	VT	05089-9702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mt. Ascutney Hospital and	Occupation	1	
	Health Cente Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	33 -3		1
	Other (specify)		250.00	
	LIPTOTAL of Possints This Poss (anticas)			1500.00
S	UBTOTAL of Receipts This Page (optional)		······································	
Т	OTAL This Period (last page this line number of	only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/55	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	7
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions	_
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt	
Α.	Ms. Angeline M. Marano Mailing Address 258 Olde Orchard Lane			M M / D D / Y Y Y Y	
				04 09 2007	
	City	State	Zip Code	Transaction ID: 14021479	
	Shelburne	VT	05482-6771	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Fletcher Allen Health Care	Occupation SVP and	n Chief Operating Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	· · · ·	250.00		
	Other (specify)				
В.	Full Name (Last, First, Middle Initial) Mr. Robert J Lanik			Date of Receipt	
	Mailing Address 555 South 70th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14021486	
	Lincoln	NE	68510-2462	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Saint Elizabeth Regional	Occupation	n	7	
	Medical Cente		t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Other (specify)	' '	250.00		
	(cp::::)	0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial) Mr. Larry A Mullins, FACHE			Date of Receipt	
U.	Mailing Address P O Box 1068			M M / D D / Y Y Y Y	
				04 16 2007	
	City	State	Zip Code	Transaction ID: 14021504	
	Corvallis	OR	97339-1068	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Samaritan Health Services	Occupation Presiden	n t and Chief Executive Officer		
		Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Other (specify) 🔻		0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)			1000.00	
\vdash			·		
T	OTAL This Period (last page this line number or	nly)	>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 / 55
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, coge	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph M. Krella, FACHE			Date of Receipt
	Mailing Address 2180 South 1300 East Suite 440			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14021717
	Salt Lake City	UT	84106-2813	Amount of Each Receipt this Period
	•	<u> </u>	04100 2010	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UHA, Utah Hospitals & Hea-	Occupation President		
	Ith Systems A Receipt For:		Year-to-Date ▼	\dashv
	Primary General	7 1991 09410		1
	Other (specify) ▼		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Mr. William A. Bell			Date of Receipt
	Mailing Address 944 Gentian Court			M M / D D / Y Y Y Y
				04 16 2007
	City	State	Zip Code	Transaction ID: 14021809
	Tallahassee	<u>FL</u>	32312-1228	Amount of Each Receipt this Period
	FEC ID number of contributing		0 0 0 0	500.00
	federal political committee.	C		500.00
	Name of Employer	Occupation		_
	Florida Hospital Associat-	General (
	lon Receipt For:		Year-to-Date ▼	
	Primary General	riggrogato	Total to Bate V	1
	Other (specify)		500.00	
				1
С.	Full Name (Last, First, Middle Initial) Ms. Martha DeCastro			Date of Receipt
	Mailing Address 1036 Alameda Drive			0 4 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 14021811
	Tallahassee	FL	32317-9577	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		300.00
	Name of Employer Florida Hospital Associat-	Occupation		
	ion	VP, Nurs		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00]
	Other (specify)		300.00	1
_				
				1050.00
S	UBTOTAL of Receipts This Page (optional)			1030.00

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/55
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Any or f	rinformation copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Ralph Glatfelter			Date of Receipt
	Mailing Address 7285 Heartland Circle			04 16 7 2007
	City	State	Zip Code	Transaction ID: 14021812
	Tallahassee	FL	32312-7501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Florida Hospital Associat- ion	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		600.00	
_	Full Name (Last, First, Middle Initial) Ms. Karen Late, MHS			Date of Receipt
	Mailing Address 444 North Capitol Street, Suite 532			04 / 16 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14021813
	Washington	DC	20001-1512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Florida Hospital Associat-	Occupation		
	ion		Federal Advocacy	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial) Mr. Wayne NeSmith			Date of Receipt
	Mailing Address 1105 Carriage Road			04 16 2007
	City	State	Zip Code	Transaction ID: 14021815
	Tallahassee	FL	32312-2501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
٠	Elorida Haccital Account	Occupation		
	ion	President	•	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		1000.00	
SL	JBTOTAL of Receipts This Page (optional)			2100.00
т	TAL This Period (last page this line number only	v)		

SCHEDULE A (FEC Form 3X)

SC	HEDULE A (FEC Form 3X)		Llea coperate cohedula(a)		AGE 15/55
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
6			Detailed Summary Page	X 11a 11b 11c	$\begin{array}{c c} & & 12 \\ & & 16 \end{array} \qquad \begin{array}{c c} & & & \\ & & 17 \end{array}$
Anv	information copied from such Reports and Sta	itements may	not be sold or used by any perso		
or fo	or commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such	committee.
١.	NAME OF COMMITTEE (In Full)				
<u> </u>	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Mr. Stephen Purvis			Date of Receipt	
1	Mailing Address 4911 SE 7th Avenue			04 16	2007
	City	State	Zip Code	Transaction ID: 140218	817
_	Ocala	FL	34480-4762	Amount of Each Receipt	this Period
	FEC ID number of contributing ederal political committee.	C			500.00
	Name of Employer Munroe Regional Medical Center	Occupation President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00]	
F	Full Name (Last, First, Middle Initial)				
3. [Mr. Rich Rasmussen			Date of Receipt	
-	Mailing Address 405 El Destinado Drive	04 / 16	2007		
	City State Zip Code			Transaction ID: 140218	
-	Tallahassee	FL	32301-1522	Amount of Each Receipt	this Period
	FEC ID number of contributing dederal political committee.	C			500.00
1	Name of Employer Florida Hospital Associat-	Occupation			
j	on Receipt For:		rategic Communications Year-to-Date	_	
ı	Primary General	Aggregate		1	
	Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial) Mr. John Wilgis			Date of Receipt	
1	Mailing Address 3036 Giles Place			04 16	2007
	City	State	Zip Code	Transaction ID: 140218	319
	Tallahassee	FL	32309-2114	Amount of Each Receipt	this Period
	FEC ID number of contributing ederal political committee.	C			600.00
1	Name of Employer Florida Hospital Associat-	Occupation		7	
j	on		Emergency Mgmt. Svcs.	_	
ı	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1	
	Other (specify)	0 0	600.00		
su	IBTOTAL of Receipts This Page (optional)				1600.00
	,		•	-	• • •
то	TAL This Period (last page this line number o	nly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 16/55
	EMIZED RECEIPTS		or each category of the	(check only one)],, 🖂
•			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Jeffrey M. Dye			Date of Receipt	
	Mailing Address 2121 Osuna Road NE			04 / 20	
	City	State	Zip Code	Transaction ID: 14	
	Albuquerque	NM	87113-1001	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer New Mexico Hospitals & He- alth Systems	Occupation Presiden	n t and Chief Executive Officer		
	Receipt For:	·	e Year-to-Date ▼	7	
	Primary General		500.00	1	
	Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Mr. Jerry G Moeller			Date of Receipt	
	Mailing Address P O Box 2408			$ \begin{array}{c c} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} & \begin{smallmatrix} D & D \\ & & 2 & O \end{smallmatrix} $	2007
	City	State	Zip Code	Transaction ID: 14	
	Stillwater	OK	74076-2408	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Stillwater Medical Center	Occupation			
		1	t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼		500.00		
— Э.	Full Name (Last, First, Middle Initial) Mr. James D Moore, , FACHE			Date of Receipt	
	Mailing Address 1201 Health Center Parl	kway		M M / D D	/ Y Y Y Y Y
	City	Ctoto	7in Codo	04 20	
	City Yukon	State OK	Zip Code 73099-6392	Transaction ID: 14 Amount of Each Re	
			73033-0332	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer INTEGRIS Canadian Valley	Occupation			
	Regional Hosp	Administ		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
			0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)		·····		1250.00
т.	OTAL This Period (last page this line number or	nlv)			
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 55				
		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
		Detailed Guillinary Fage	13 14 15 16 17				
Any information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)							
Mr. Raymond L Replogle			Date of Receipt				
Mailing Address P O Box 1368			M M / D D / Y Y Y Y				
			04 20 2007				
City	State	Zip Code	Transaction ID: 14033407				
Sapulpa	OK	74067-1368	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer St. John Sapulpa	Occupation	n t and Chief Executive Office					
Receipt For:	1	Year-to-Date Year-to-Date	_				
Primary General	Aggregate	Teal to Bate V	1				
Other (specify) ▼		500.00					
Full Name (Last, First, Middle Initial) 3. Mr. William A Brown, , CHE			Date of Receipt				
Mailing Address 1325 North Highland Avenue			M M / D D / Y Y Y Y				
Tozo North Figuratio Avenue			04 16 2007				
City State Zip Code			Transaction ID: 14040021				
<u>Aurora</u>	IL	60506-1449	Amount of Each Receipt this Period				
FEC ID number of contributing		1 1 1 1 1	250.00				
federal political committee.	C		250.00				
Name of Employer	Occupation	<u> </u>	-				
Provena Mercy Medical Cen-		t and Chief Executive Officer					
ter Receipt For:		e Year-to-Date ▼					
Primary General	00 0		1				
Other (specify) ▼	1	250.00					
Full Name (Last, First, Middle Initial)							
Mr. Robert T. Clarke			Date of Receipt				
Mailing Address 800 North Rutledge Stre	eet		04 16 2007				
City	State	Zip Code	Transaction ID: 14040022				
Springfield	IL	62781-0002	Amount of Each Receipt this Period				
FEC ID number of contributing							
federal political committee.	C		500.00				
Name of Employer	Occupation	•	_				
Name of Employer Memorial Health System		t & Chief Executive Officer					
Receipt For:		Year-to-Date V	+				
Primary General	7.99.094.0		1				
Other (specify) ▼	1	500.00					
1000.00							
SUBTOTAL of Receipts This Page (optional)		······	1000.00				
TOTAL This Period (last page this line number or	nly)						

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 18/55	
	TEMIZED RECEIPTS		or each category of the	(check only one)	7
••			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
۸۰	y information copied from such Reports and St	otomonto moi	, not be cold or used by any parce		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. David S. Fox			Date of Receipt	
	Mailing Address 3815 HIghland Avenue			04 16	2007
	City	State	Zip Code	Transaction ID: 14	
	Downers Grove	<u>IL</u>	60515-1500	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Central DuPage Hospital	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Mr. Raymond Grady, FACHE			Date of Receipt	
ъ.	Mailing Address 2239 Charter Point Driv	/O		M M / D D	/ Y Y Y Y Y
	Walling Address 2255 Charter Form Diff	<i>,</i> C		0 4 1 6	
	City	State	Zip Code	Transaction ID: 14	1040026
	Arlington Heights	IL	60004-7226	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			312.50
	Name of Employer Evanston Northwestern Hea-	Occupation	1		
	Ithcare		t, Hospitals and Clinics		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	312.50		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Wayne M Lerner, , DPH			Date of Receipt	
	Mailing Address 2701 West 68th Street			0 4 1 6	
	City	State	Zip Code	Transaction ID: 14	
	Chicago	IL	60629-1813	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			500.00
Holy Cross Hospital		Occupation President	n t and Chief Executive Officer		
Receipt For:			e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		300.00		
s	UBTOTAL of Receipts This Page (optional)		1312.50		
\vdash	·				
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 19/55			
	ITEMIZED RECEIPTS		or each category of the	(check only one)			
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b	11c 12		
Δ.,	winformation against from such Departs and Ct	atamanta ma	, not be cold or used by any never	n for the purpose of coliciti	15 16 17		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.		
	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Hospital Association PAC						
	•						
	Full Name (Last, First, Middle Initial)			5			
Α.	Ms. Mary Lou Mastro			Date of Receipt			
	Mailing Address 852 West Street			04 16	2007		
	City	State	Zip Code	Transaction ID: 140			
	Naperville	IL	60540-6400	Amount of Each Rec			
	FEC ID number of contributing			7 1111001111 01 200111100	· · · · · ·		
	federal political committee.	C			500.00		
	Name of Employee	10					
	Name of Employer Linden Oaks Hospital at	Occupation	a ecutive Officer				
	Edward Receipt For:		Year-to-Date V	\dashv			
	Primary General	Aggregate	Teal to Bate V	1			
	Other (specify) ▼		500.00				
				·			
	Full Name (Last, First, Middle Initial)						
В.	Ms. Connie L Schroeder			Date of Receipt			
	Mailing Address 640 West Washington	Street		0 4 1 6	2007		
	City	State	Zip Code		Transaction ID: 14040030		
	Pittsfield	IL	62363-1350	Amount of Each Rec			
			02303-1330	Amount of Each Nec	eipi triis Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Illini Community Hospital	Occupation					
			ecutive Officer				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,			
	Other (specify)		250.00				
		0 0		1			
_	Full Name (Last, First, Middle Initial)						
C.	Ms. Patricia Shehorn			Date of Receipt			
	Mailing Address 1225 Lake Street			0 4 1 6	2007		
	City	State	Zip Code	Transaction ID: 140			
	Melrose Park	IL	60160-4000	Amount of Each Rec			
		C	00100 4000	Amount of Lacrified	 		
	FEC ID number of contributing federal political committee.				500.00		
Name of Employer Westlake Hospital							
		Occupation					
			ecutive Officer Year-to-Date	_			
	Receipt For: Primary General	Aggregate	real-lo-Dale ▼	,			
Other (specify)			500.00				
			0 0 0 0 0 0 0	'			
s	UBTOTAL of Receipts This Page (optional)		1250.00				
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T	OTAL This Period (last page this line number of	only))				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 20 / 55 (check only one)
I I	LIVIIZED NECEIF I 3		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr Tom Canizaro Mailing Address P O Box 607			Date of Receipt M
	City	State	Zip Code	Transaction ID: 14047768
	Laurel	MS	39441-0607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer South Central Regional Me- dical Center		e Executive Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron			Date of Receipt
	Mailing Address 28 Waterford Place			04 / 16 / Y Y Y Y Y Y
	City Jackson	State MS	Zip Code	Transaction ID: 14047774
	FEC ID number of contributing federal political committee.	C	39211-2945	Amount of Each Receipt this Period 500.00
	Name of Employer Mississippi Hospital Asso- ciation	Occupation President	n t & Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
D.	Full Name (Last, First, Middle Initial) Ms. Mary M. Covington			Date of Receipt
	Mailing Address 123 Briarwood Drive			04 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Carrollton	State GA	Zip Code 30117-4104	Transaction ID: 14058515 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30117 4104	250.00
	Name of Employer Tanner Medical Center	Occupation Trustee	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SI	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Reginald M. Ballantyne, III			Date of Receipt
	Mailing Address 3266 East Valley Vista L	ane		04 23 7 2007
	City	State	Zip Code	Transaction ID: 14058719
	Paradise Valley FEC ID number of contributing federal political committee.	C	85253-3738	Amount of Each Receipt this Period 1000.00
	Name of Employer Vanguard Health System		e Officer & Senior Vice Presi	<u>d</u>
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
3	Full Name (Last, First, Middle Initial) Ms. Kathleen Hoeft			Date of Receipt
	Mailing Address P O Box 450			0 4 / 2 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ashley	State ND	Zip Code 58413-0450	Transaction ID: 14058908
	FEC ID number of contributing federal political committee.	C	30413-0430	Amount of Each Receipt this Period 250.00
	Name of Employer Ashley Medical Center		ator and Chief Executive Of	fi
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
) .	Full Name (Last, First, Middle Initial) Dr. Richard P. de Filippi, Ph.D.			Date of Receipt
	Mailing Address 189 Upland Road			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 14059102
	Cambridge FFG ID number of contribution	MA	02140-3604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cambridge Health Alliance	Occupation Trustee	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
	, 3 (1 /			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 55		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	EMIZED REGENT 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17		
Δr	ny information copied from such Reports and Si	tatomente may	y not be sold or used by any perso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.				Date of Receipt		
	Mailing Address 12675 Riviera Heights			04 23 7 2007		
	City	State	Zip Code	Transaction ID: 14059114		
	Holts Summit	<u>MO</u>	65043-2039	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		111.12		
	Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice F	n President, Government Rela	tiq		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		444.48	1		
	Other (specify) ▼					
В.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt		
	Mailing Address 5612 Tanner Bridge Road			M M / D D / Y Y Y Y		
				04 23 2007		
	City	State	Zip Code	Transaction ID: 14059126		
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		111.12		
	Name of Employer Missouri Hospital Associa-	Occupation				
	tion		t and Chief Executive Office	<u>r </u>		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1		
	Other (specify) ▼		333.36			
_	Full Name (Last, First, Middle Initial)					
C.	Ms. Verena J. Briley-Hudson, MN, RN			Date of Receipt		
	Mailing Address Post Office Box 449			04 19 2007		
	City	State	Zip Code	Transaction ID: 14135354		
	Hines	<u>IL</u>	60141-0449	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.			256.56		
	Name of Employer Department of Veterans Af-	Occupation		7		
	fairs		of Healthcare Inspections			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify)		250.00			
			0 0 0 0 0 0 0			
SUBTOTAL of Receipts This Page (optional)						
\vdash						
T	OTAL This Period (last page this line number	only))			

SCHEDULE A (FEC Form 3X)		llee consumts askedule(a)	FOR LINE NUMBER: PAGE 23 / 55	
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
Any information copied from such Reports and Si	tatamente mai	rnot he cold or used by any perso	13 14 15 16 17	
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Ms. Patricia A. Cornett			Date of Receipt	
Mailing Address 4650 Sunset Blvd. Suite 70			04 19 / Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 14135359	
Los Angeles	CA	90027-6062	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Versant	Occupation Senior Vi	n ce President		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General		250.00	1	
Other (specify) ▼	0 0	250.00		
Full Name (Last, First, Middle Initial) 3. Ms. Katherine Hillburn			Date of Receipt	
Mailing Address 4315 Diplomacy Drive	Mailing Address 4315 Diplomacy Drive			
Other Tim Code			04 19 2007	
City Anchorage	State AK	Zip Code	Transaction ID: 14135371	
	AN	99508-5926	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Alaska Native Medical Cen-	Occupation			
ter		rse Executive		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1	
Other (specify) ▼	0 0	250.00		
Full Name (Last, First, Middle Initial) 3. Ms. Cherie Spragg			Date of Receipt	
Mailing Address 2324 De Russey Road			04 19 2007	
City	State	Zip Code	Transaction ID: 14135375	
Collins	OH	44826-9722	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Fisher-Titus Medical Cent- er	Occupation VP, Nurs			
Receipt For:		Year-to-Date ▼		
Primary General		250.00	1	
Other (specify) ▼		200.00	1	
SUBTOTAL of Receipts This Page (optional)		\	750.00	
1			-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the national states.	tements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Lynn Forsey, Ph.D., RN			Date of Receipt
	Mailing Address 75 Stasia Drive			04 19 2007
	City	State CA	Zip Code	Transaction ID: 14140519
	Novato FEC ID number of contributing federal political committee.	C	94947-1978	Amount of Each Receipt this Period 250.00
	Name of Employer Marin General Hospital	Occupation Research	Director	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Angela M. Janik			Date of Receipt
	Mailing Address 2379 Claymor Drive City	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Chesterfield	MO	63017-7832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Anthony's Medical Cen- ter	Occupation VP, Patie	nt Care Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Ms. Patricia Reid-Ponte			Date of Receipt
	Mailing Address 23 Indian Hill Road			04 19 2007
	City	State	Zip Code	Transaction ID: 14140531
	Arlington FEC ID number of contributing federal political committee.	C	02476-7002	Amount of Each Receipt this Period 250.00
	Name of Employer Dana-Farber Cancer Instit- ute	Occupation Sr. VP an		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
			<u> </u>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 55
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress or any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14140533
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		215.00
	Name of Employer American Organization of	Occupation Executive		
	Nurse Executi Receipt For:		e Year-to-Date ▼	_
	Primary General	riggrogate	, real to Bate V	1
	Other (specify) ▼		455.00	
				1
В.	Full Name (Last, First, Middle Initial) Ms. Donna M. Herrin, MSN, RN, C			Date of Receipt
	Mailing Address 215 Pasadena Place			M M / D D / Y Y Y Y
	#433			04 19 2007
	City	State	Zip Code	Transaction ID: 14140856
	Memphis	TN	38104-6657	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			250.50
	Name of Employer	Occupation	n	
	Methodist Le Bonheur Heal- thcare	Sr. Vice I	President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		200.00	
_	Full Name (Last, First, Middle Initial)			B. (B.)
C.	Dr. Holly A. DeGroot Mailing Address 1701 Novato Blvd.			Date of Receipt
	Suite 205			04 19 2007
	City	State	Zip Code	Transaction ID: 14140859
	Novato	CA	94947-3000	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.			1000.00
	Name of Employer Catalyst Systems, LLC	Occupation Chief Exe	n ecutive Officer	
			e Year-to-Date ▼	1
	Primary General	111	100000	1
	Other (specify) ▼		1000.00	
			•	
				4400.00
s	UBTOTAL of Receipts This Page (optional)			1465.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 55	
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
11	II EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
			, 3	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Kimberly LaMar			Date of Receipt
	Mailing Address 16309 E. Fountain Hills	04 19 2007		
	City	State	Zip Code	Transaction ID: 14140860
	Fountain Hills	ΑZ	85268-4545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Banner Desert Medical Cen- ter	Occupation Director	of Professional Practice	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Rhonda M. Anderson, RN, MPA, C			Date of Receipt
	Mailing Address 10693 E. Acoma Drive	04 19 2007		
	City	State	Zip Code	Transaction ID: 14140861
	Scottsdale	AZ	85255-8596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Banner Desert Medical Cen-	Occupation Chief Op	n erating Officer	
	ter Receipt For:		e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Linda Knodel, MHA, FACHE			Date of Receipt
	Mailing Address 1916 North Grandview L	0 4 1 9 2 0 0 7		
	City	State	Zip Code	Transaction ID: 14140862
	Bismarck	ND	58503-0843	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Alexius Medical Center	Occupation Assistant	n : Admin./Director of Nursing	
	Receipt For: Primary General Other (specify) ▼	1	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 27/55		
	EMIZED RECEIPTS		or each category of the	(check only one)			
11	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b	\rightarrow \rightarrow \sim		
				13 14	15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of so	oliciting contributions		
or		iame and add	dress of any political committee to	Solicit contributions fro	om such committee.		
	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
_	Full Name (Last, First, Middle Initial)						
A.	Ms. Cathe Clapp, RN, M.N			Date of Receipt			
	Mailing Address 721 NW 125th				9 2007		
	City	State	Zip Code				
	Seattle	WA	98177-4441	Transaction ID:			
		WA	96177-4441	Amount of Each	Receipt this Period		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer Swedish Medical Center-Ba-	Occupation	า				
	llard Campus	Vice Pres	sident				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		500.00	1			
	Other (specify)	0 0	300.00				
_							
В.	Full Name (Last, First, Middle Initial) Ms. Kimberly Nagy			Date of Receipt			
	Mailing Address 660 North Westmorelan	d Road		- i	D / Y Y Y Y		
					9 2007		
	City	State	Zip Code	Transaction ID: 14142466			
	Lake Forest	IL	60045-1659	Amount of Each	Receipt this Period		
	FEC ID number of contributing	С			250.00		
	federal political committee.	<u></u>			200.00		
	Name of Employer	Occupation	 1	_			
	Name of Employer Lake Forest Hospital		ent Care Services, CNO				
	Receipt For:		e Year-to-Date ▼				
	Primary General		050.00	1			
	Other (specify) ▼		250.00				
C.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt			
	Mailing Address 325 Seventh Street, NW	1			D / Y Y Y Y		
	Suite 700		7. 0		2007		
	City	State	Zip Code	Transaction ID:			
	Washington	DC	20004-2818	Amount of Each	Receipt this Period		
	FEC ID number of contributing federal political committee.	C			45.00		
	Name of Employer American Hospital Associa-	Occupation					
	tion-Washingt	1	sident Federal Relations				
			e Year-to-Date ▼				
	Primary General		270.00				
	Other (specify)						
_	UBTOTAL of Receipts This Page (optional)		795.00				
\vdash	ODITION OF THE OFFICE THIS Page (Optional)	-					
Т	OTAL This Period (last page this line number o	nlv)	>				
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S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 28 / 55			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
Δ	information conicd from our b Donate and Ob			13 14 15 16 17			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and ado	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	American Hospital Association PAC						
A.	Full Name (Last, First, Middle Initial) Ms. Deborah Crist-Grundman			Date of Receipt			
	Mailing Address 16407 High Bluff Court			04 20 2007			
	City	State	Zip Code	Transaction ID: 14142836			
	Riverside	CA	92503-0515	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer Van Slyck & Associates	Occupation Senior Co					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		250.00	1			
	Other (specify)		230.00				
В.	Full Name (Last, First, Middle Initial) Ms. Helene M. Burns, MSN, RN			Date of Receipt			
	Mailing Address 501 North Lansdowne	Avenue		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code	Transaction ID: 14142840			
	Drexel Hill	PA	19026-1187	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Delaware County Memorial	Occupation					
	Hospital	_	of Nursing				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		250.00				
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Deborah A. Grant			Date of Receipt			
	Mailing Address 917 North Shore Court			M M / D D / Y Y Y Y			
				04 20 2007			
	City	State	Zip Code	Transaction ID: 14142841			
	High Point	NC	27265-1301	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Moses Cone Health System		n sident, Nursing				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	250.00					
٩	UBTOTAL of Receipts This Page (optional)			600.00			
T	OTAL This Period (last page this line number of	only)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 55			
ITEMIZED RECEIPTS		or each category of the	(check only one)			
TEMIZED RESER 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Hospital Association PAC						
Full Name (Last, First, Middle Initial)						
A. Mr. James Veronesi			Date of Receipt			
Mailing Address 500 University Drive PO Box 850			04 20 2007			
City	State	Zip Code	Transaction ID: 14142850			
Hershey	PA	17033-2391	Amount of Each Receipt this Period			
FEC ID number of contributing	С		250.00			
federal political committee.	<u> </u>		230.00			
Name of Employer	Occupation	n				
Penn State Militon S. Hers- hey Medical C		of Nursing Systems & Resou	ırde			
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		250.00				
Carior (specify)	0 0	0 0 0 0 0 0 0	1			
Full Name (Last, First, Middle Initial)						
Ms. Gladys Campbell			Date of Receipt			
Mailing Address 300 Elliot Avenue West Suite 300			04 20 2007			
City	State	Zip Code	Transaction ID: 14142853			
Seattle	WA	98119-4198	Amount of Each Receipt this Period			
FEC ID number of contributing	С		250.00			
federal political committee.	<u> </u>		230.00			
Name of Employer Northwest Organization of	Occupation	n	7			
Nurse Execut		e Director				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify) ▼		250.00				
care. (eposity) 🔻	0 0		1			
Full Name (Last, First, Middle Initial)			8. (8.)			
Dr. Susan L. Bowar-Ferres, PhD, RN Mailing Address P.O. Box 137			Date of Receipt			
F.O. BOX 137			04 19 2007			
City	State	Zip Code	Transaction ID: 14147921			
New Rochelle	NY	10802-0137	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
rederal political committee.						
Name of Employer New York University Medic-	Occupation					
al Center		ice President e Year-to-Date ▼				
Receipt For: Primary General	Aggregate	5 10al-10-Date ▼	1			
Other (specify)		250.00				
750.00						
SUBTOTAL of Receipts This Page (optional)		<u> </u>				
TOTAL This Period (last page this line number of	nly)					

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 55 (check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a
Ar	ly information copied from such Reports and Statements of for commercial purposes, other than using the name and	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr Jeffery L. Hudson		Date of Receipt
	Mailing Address 4950 North Marine Drive		0 4 1 9 2 0 0 7
	City State Chicago IL	Zip Code 60640-3966	Transaction ID: 14147933 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	00040 0000	500.00
	Name of Employer Shands at Lake Shore Occupa	ition Nursing Officer	
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 500.00	
В.			Date of Receipt
	Mailing Address 299 Bow Drive		04 19 2007
	City State	Zip Code	Transaction ID: 14147943
	Hauppauge NY	11788-1721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Kingsbrook Jewish Medical Center Occupa Assista	tion ant Vice President	
	Receipt For: Primary General Other (specify)	ate Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Frankie T. Manning		Date of Receipt
	Mailing Address 14811 SE 49th St.		0 4 1 9 2 0 0 7
	City State Bellevue WA	Zip Code 98006-3109	Transaction ID: 14147944 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	dia ricatii ca	tion Executive/Chief Nursing Office ate Year-to-Date ▼	or
	Receipt For: Primary General Other (specify) ▼	500.00	
s	UBTOTAL of Receipts This Page (optional)		1250.00
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TEMIZED RECEIPTS	SCHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 31 / 55							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Alt. Sieve Bobbs Mailing Address 1120 South Utica City State Zip Code TUIsa OK 74104-4990 FEC ID number of contributing federal political committee. Name of Employer Hilliorest Medical Center Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Robin E Lake Mailing Address P O Box 2339 Gity State Zip Code Clivy State Zip Code Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Robin E Lake Mailing Address P O Box 2339 Gity State Zip Code Elik City Ok 73648-2339 FEC ID number of contributing federal political committee. C coupsilon Chief Executive Offficer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C coupsilon Chief Executive Offficer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C Mauritia Other (specify) ▼ C Coupsilon Chief Executive Offficer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ C State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ C Coupsilon C State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼		· ·		Use separate schedule(s)		(check only one)							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Sieve Dobbs Mailing Address 1120 South Utica City State Zip Code Tulisa OK 74104-4090 FEC ID number of contributing Individual Committee of contributing Individual Committee of Commi	П	EMIZED RECEIPTS			X 11a 11b 1			11c	11c 12				
of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Fully) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Islave Dobbs Mailing Address 1120 South Utica City State Zip Code Transaction ID: 14149096 FEC ID rumber of contributing federal political committee. Name of Engloyer Hillicrest Medical Center Chief Executive Officer Receipt For: Perinary General Other (specify) ▼ City State Zip Code OK 74104-4090 Full Name (Last, First, Middle Initial) B. Mr. Robin E Lake Mailing Address P O Box 2339 City State Zip Code OK 73648-2339 FEC ID number of contributing federal political committing fe					1;	3	14		15		16		17
American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Slove Dobbs Mailing Address 1120 South Utica City State Zip Code Tulsa OK 74104-4090 FEC ID number of contributing federal political committee. Name of Employer Hillorest Medical Center Primary General Other (Specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Robin E Lake Mailing Address P O Box 2339 City Elik City State Zip Code Transaction ID: 1414904 Amount of Each Receipt For: Poly State Zip Code Chief Executive Officer Aggregate Year-to-Date ▼ Transaction ID: 14149104 Amount of Each Receipt For: Poly State Zip Code Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code OK 73573-0090 Transaction ID: 14149105 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C. Ms. Jane McDowell Mailing Address P O Box 90 City State Zip Code Waurika OK 73573-0090 Transaction ID: 14149105 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C. Ms. Jane McDowell Mailing Address P O Box 90 City State Zip Code Waurika OK 73573-0090 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C. Ms. Jane McDowell Mailing Address P O Box 90 City State Zip Code OK 73573-0090 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C. Ms. Jane McDowell Mailing Address P O Box 90 City State Zip Code OK 73573-0090 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. FEC ID number of contributing	Ar or	ly information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso dress of any political committee to	on for the posticit cor	ourpos ntributi	e of so	oliciti om s	ng cor uch co	ntribu omm	utions ittee.		
Full Name (Last, First, Middle Initial) A. Mr. Steve Dobbs Mailing Address 1120 South Utica City State Zip Code Tulsa OK 74104-4090 FEC ID number of contributing federal political committee. Name of Employer Hilbrest Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. Robin E Lake Mailing Address P O Box 2339 City State Zip Code OK 73848-2339 City State Zip Code OK 73848-2339 City State Zip Code City State Zip Code OK 73848-2339 FEC ID number of contributing federal political committee. C Cocupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Name of Employer Carban Plains Régional Medical Center Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Name of Cocupation Chief Executive Officer Apgregate Vear-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Name (Last, First, Middle Initial) C. Ms. Jane McDowell Mailing Address P O Box 90 City State Zip Code Waurika OK 73573-0090 Full Name (Last, First, Middle Initial) C Ms. Jane McDowell Mailing Address P O Box 90 City State Zip Code Waurika OK 73573-0090 Full Name (Last, First, Middle Initial) C Ms. Jane McDowell Date of Receipt Name of Cocupation Chief Executive Officer Apgregate Vear-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Name of Employer State Name of Cocupation Chief Executive Officer Apgregate Vear-to-Date ▼ Primary General Other (specify) ▼ State Sign Name of Employer State Name of Cocupation Chief Executive Officer Apgregate Vear-to-Date ▼ Primary General Other (specify) ▼ State Sign Name of Cocupation Chief Executive Officer Apgregate Vear-to-Date ▼ Primary General Other (specify) ▼ State Sign Name of Cocupation Chief Executive Officer Apgregate Vear-to-Date ▼ Primary General Other (specify) ▼ State Sign Name of Cocupation Chief Executive Officer Apgregate Vear-to-Date ▼ Apgregate Vear-to-	\setminus	NAME OF COMMITTEE (In Full)											
A. Mr. Sleve Dobbs Mailing Address 1120 South Utica City State Zip Code OK 74104-4090 FEC ID number of contributing federal political committee. C C C C C C C C C C		American Hospital Association PAC											
City Tulsa OK 74104-4090 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ FEUI Name (Last, First, Middle Initial) B. Mr. Robin E Lake Mailing Address P O Box 2339 City State Zip Code OK 73648-2339 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Cocupation Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cocupation Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Cocupation Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Mailing Address P O Box 2339 Date of Receipt Mailing Address P O Box 2339 City State Zip Code Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Mailing Address P O Box 90 City State Zip Code OK 73573-090 City State Zip Code OK 7	Α.				Dat	e of R	eceipt						
Tulsa OK 74104-4090 FEC ID number of contributing federal political committee. Name of Employer Hillorest Medical Center Chief Executive Officer		Mailing Address 1120 South Utica							/ Y				
FEC ID number of contributing federal political committee. Name of Employer Greerist Medical Center Primary General Other (specify) ▼ State Zip Code Primary General Political committee. Pull Name (Last, First, Middle Initial) Primary General Other (specify) ▼ State Zip Code Primary General Primary General Other (specify) ▼ Primary General Other (specify)		City		Zip Code	Trar	nsacti	on ID:	141	4909	}6			
Tederal political committee. Name of Employer Cocupation		Tulsa	OK	74104-4090	Am	ount o	f Each	Rec	eipt th	is P	eriod		
Receipt For:			C							5	500.0	0	
Primary General Other (specify) ▼			Chief Exe	ecutive Officer									
B. Mr. Robin E Lake Mailing Address P O Box 2339 City Elk City OK 73648-2339 FEC ID number of contributing federal political committee. Name of Employer Great Plains Regional Medical Center Receipt Tor: Primary C. Mailing Address P O Box 90 City State Zip Code Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt M M 0 4 13 2 0 0 7 Transaction ID: 14149104 Amount of Each Receipt this Period Each Receipt Tor: Aggregate Year-to-Date ▼ Date of Receipt M M M 0 4 13 2 0 0 7 Transaction ID: 14149105 Date of Receipt M M M 0 4 13 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period Date of Receipt M M M 0 4 13 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period C Date of Receipt M M M 0 4 13 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period C Date of Receipt M M M 0 4 13 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period C Date of Receipt M M M 0 4 13 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period C Date of Receipt M M M 0 4 13 0 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period C Date of Receipt M M M 0 4 13 0 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period C Date of Receipt M M M 0 1 3 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m N M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m N M M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt mount m N M M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m M M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m M M M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m M M M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m M M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m M M M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m M M M 13 1 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt m M M M 13 1 2 0 0 7 Transaction ID: 1414910		Primary General	Aggregate										
Mailing Address P O Box 2339	— В.				Dat	e of R	eceipt						
Elk City OK 73648-2339 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Great Plains Regional Medical Center Receipt For: Primary General Other (specify) ▼ C. Ms. Jane McDowell Mailing Address P O Box 90 FEC ID number of contributing federal political committee. Name of Employer Jefferson County Hospital Receipt For: Aggregate Year-to-Date ▼ Cocupation Chief Executive Officer Aggregate Year-to-Date ▼ State Zip Code OK 73573-0090 Cocupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 14149105 Amount of Each Receipt this Period State Sign Code Transaction ID: 14149105 Amount of Each Receipt this Period State Sign Code State Sign Code Transaction ID: 14149105 Amount of Each Receipt His Period State Sign Code St					М	M	D		/ Y				
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Name of Employer Great Plains Regional Medical Center Receipt For: Primary		Elk City	OK	73648-2339							eriod		
Great Plains Régional Medical Center Receipt For: Primary General Other (specify) ▼ C. Ms. Jane McDowell Mailing Address P O Box 90 City State Zip Code Waurika OK 73573-0090 FEC ID number of contributing federal political committee. Name of Employer Jefferson County Hospital Receipt For: Primary General Other (specify) ▼ Chief Executive Officer Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 14149105 Amount of Each Receipt this Period Chief Executive Officer Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 14149105 Amount of Each Receipt this Period 500.00			C				'			2	250.0	0	
C. Ms. Jane McDowell Mailing Address P O Box 90 City Waurika FEC ID number of contributing federal political committee. Name of Employer Jefferson County Hospital Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 4 1 1 3 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period C C 500.00		ical Center Receipt For:	Chief Exe	ecutive Officer Year-to-Date ▼									
Mailing Address P O Box 90 City State Zip Code Waurika OK 73573-0090 FEC ID number of contributing federal political committee. Name of Employer Jefferson County Hospital Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period 500.00		Other (specify) ▼		250.00									
City Waurika OK 73573-0090 FEC ID number of contributing federal political committee. Name of Employer Jefferson County Hospital Primary Other (specify) ▼ City State Zip Code Transaction ID: 14149105 Amount of Each Receipt this Period 500.00 Cocupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	C.				Dat	e of R	eceipt						
Waurika OK 73573-0090 FEC ID number of contributing federal political committee. C 500.00 Amount of Each Receipt this Period 500.00 Occupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 1250.00 Table 14250.00 Amount of Each Receipt this Period 500.00 500.00 Amount of Each Receipt this Period 500.00 500.00 Amount of Each Receipt this Period 500.00 500.00 Amount of Each Receipt this Period 500.00 1250.00 1250.00 1250.00		Mailing Address P O Box 90							/ Y				
FEC ID number of contributing federal political committee. Name of Employer Jefferson County Hospital Receipt For: Primary General Other (specify) ▼ C Solution Chief Executive Officer Aggregate Year-to-Date ▼ 500.00		-		Zip Code	Trar	nsacti	on ID:	141	4910)5			
Federal political committee. Name of Employer Jefferson County Hospital Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Waurika	Am	ount o	f Each	Rec	eipt th	is P	eriod				
Jefferson County Hospital Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			C							5	500.0	0	
Primary General Other (specify) ▼ 500.00		Jefferson County Hospital											
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	s	UBTOTAL of Receipts This Page (optional)				•			•	12	50.0	0	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 / 55				
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
Α.	Full Name (Last, First, Middle Initial) Mr. Raymond L Replogle			Date of Receipt				
	Mailing Address P O Box 1368			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City	State	Zip Code	Transaction ID: 14149110				
	Sapulpa	OK	74067-1368	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer St. John Sapulpa	Occupation President	n t and Chief Executive Officer					
	Receipt For:		Year-to-Date ▼					
	Primary General			1				
	Other (specify)	0 0	250.00					
— В.	Full Name (Last, First, Middle Initial) Mr. Lex Smith			Date of Receipt				
	Mailing Address P O Box 129			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 14149112				
	El Reno	OK	73036-0129	Amount of Each Receipt this Period				
			70000 0120	Amount of Each receipt this rendu				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Parkview Hospital	Occupation Administr						
	Pagaint For:			_				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)	' '	500.00					
	and (epoint) V	-	0 0 0 0 0 0 0	1				
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Jackye Ward			Date of Receipt				
	Mailing Address 430 North Monta Vista			0 4				
	City	State	Zip Code	Transaction ID: 14149115				
	Ada	OK	74820-4610	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Valley View Regional Hosp- ital	Occupation VP, Nurs						
	Receipt For:		Year-to-Date ▼					
	Primary General	111		1				
	Other (specify)		250.00					
Г								
s	UBTOTAL of Receipts This Page (optional)			1000.00				
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 55			
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_		Detailed Summary Page	13 14 15 16 17			
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Hospital Association PAC			_			
Full Name (Last, First, Middle Initial) Mr Rory Ward			Date of Receipt			
Mailing Address 430 North Monta Vista			04 / 13 / Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 14149116			
Ada	OK	74820-4610	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Valley View Regional Hosp- ital	Occupation Chief Fina	n ancial Officer				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	250.00				
Full Name (Last, First, Middle Initial) 3. Mr. Ronald W Webb			Date of Receipt			
Mailing Address 430 North Monta Vista			04 13 7 2007			
City	State	Zip Code	Transaction ID: 14149117			
Ada	OK	74820-4610	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		500.00			
Name of Employer Valley View Regional Hosp-	Occupation	n and Chief Executive Officer				
ital Receipt For:		Year-to-Date ▼				
Primary General		500.00				
Other (specify)	0 0					
Full Name (Last, First, Middle Initial) Ms. Kimber Wraalstad			Date of Receipt			
Mailing Address P O Box 759			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 14149664			
Rolla	ND	58367-0759	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Presentation Medical Cent- er	Occupation President	n and Chief Executive Officer				
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼	0 0	250.00				
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TOTAL This Period (last page this line number of	only)	>	•			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 55
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δn	y information copied from such Reports and St	atemente may	y not be sold or used by any perso	, , , , , , , , , , , , , , , , , , ,
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms Lindsey Artola			Date of Receipt
	Mailing Address 19065 Hickory Creek D			04 04 2007
	City	State	Zip Code	Transaction ID: 14165462
	Mokena	<u>IL</u>	60448-8599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0.00
	Name of Employer Provena Health	Occupation System D	n Director Community and Min	nis i ry
	Receipt For:	Aggregate	Year-to-Date ▼	[MEMO ITEM]
	Primary General	-	-500.00	Refund(s) on Schedule B
	Other (specify)		0 0 0 0 0 0 0	Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$-5-00.00
В.	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1339349918900
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	Receipt For:		Year-to-Date ▼	
	Primary General	199.194		P/R Deduction (\$60.00 Bi-
	Other (specify) ▼		480.00	Weekly)
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		M " M / D " D / Y " Y " Y " Y	
	City	State	Zip Code	Transaction ID: PR327629118900
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident Federal Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		315.00	P/R Deduction (\$45.00 Bi- Weekly)
SI	UBTOTAL of Receipts This Page (optional)		_	165.00
	OTAL This Period (last page this line number of		<u> </u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 55
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δr	ny information copied from such Reports and St	atemente may	unot be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812018900
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Organization of Nurse Executi	Occupation Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	535.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327858018900
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Director, AHAPAC	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327877818900
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		86.98
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
Receipt For:			e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	260.94	P/R Deduction (\$43.49 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional))	246.98
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 55				
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				13 14 15 16 17				
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Hospital Association PAC							
A.	Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock			Date of Receipt				
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR328132818900				
	Washington	DC	20004-2818	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		90.00				
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Presiden						
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		315.00	P/R Deduction (\$45.00 Bi-				
	Other (specify) ▼	0 0	313.00	Weekly)				
В.	Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell			Date of Receipt				
	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR328241418900				
	<u>Eagle</u>	ID	83616-5369	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		55.56				
	Name of Employer American Hospital Associa-	Occupation	n					
	tion-Chicago associa-		Executive					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		250.02	P/R Deduction (\$27.78 Bi- Weekly)				
	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt				
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y				
	City	State	Zip Code	Transaction ID: PR328260918900				
	Washington	DC	20004-2818	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		80.00				
	Name of Employer American Hospital Associa-	Occupation	n	\neg				
	American Hospital Associa- tion-Washingt	Executive	e Vice President					
Receipt For: Ag			e Year-to-Date ▼					
	Primary General	-	360.00	P/R Deduction (\$40.00 Bi-				
	Other (specify)	0 0	300.00	Weekly)				
s	UBTOTAL of Receipts This Page (optional)	225.56						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 55
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341818900
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	ո Political Action & Grassroot	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511818900
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	Taluley		13007 3730	Amount of Each fledelpt this remod
	FEC ID number of contributing federal political committee.	C	13007 3730	95.20
	FEC ID number of contributing federal political committee.	C	1	
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	C Occupation Regional	n Executive	
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For:	C Occupation Regional	1	95.20
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	C Occupation Regional	n Executive	
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General	C Occupation Regional	Executive Year-to-Date	95.20 P/R Deduction (\$47.60 Bi-
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Regional Aggregate	Executive Year-to-Date	P/R Deduction (\$47.60 Bi-Weekly)
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City	Occupation Regional Aggregate	Executive Year-to-Date	P/R Deduction (\$47.60 Bi-Weekly) Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes	Occupation Regional Aggregate	Executive Year-to-Date 428.40	P/R Deduction (\$47.60 Bi-Weekly) Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City	Occupation Regional Aggregate	Executive Year-to-Date 428.40 Zip Code	P/R Deduction (\$47.60 Bi-Weekly) Date of Receipt Transaction ID: PR330475418900
	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City Apple Valley FEC ID number of contributing federal political committee. Name of Employer American Hospital Associa-	C Occupation Regional Aggregated t State MN C Occupation	Executive 9 Year-to-Date ▼ 428.40 Zip Code 55124-9229	P/R Deduction (\$47.60 Bi-Weekly) Date of Receipt Transaction ID: PR330475418900 Amount of Each Receipt this Period
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	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City Apple Valley FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	C Occupation Regional Aggregate t State MN C Occupation Regional	Executive Year-to-Date ▼ 428.40 Zip Code 55124-9229	P/R Deduction (\$47.60 Bi-Weekly) Date of Receipt Transaction ID: PR330475418900 Amount of Each Receipt this Period
c.	FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle Wes City Apple Valley FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General	C Occupation Regional Aggregate MN C Occupation Regional Aggregate	Zip Code 55124-9229 Executive Year-to-Date 360.00	P/R Deduction (\$47.60 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475418900 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 55
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persolderss of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416018900
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Hospital Associa- tion	Occupation AHA Reg	n pional Executive for TX	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		537.69	P/R Deduction (\$60.00 Bi-
	Other (specify) ▼	0 0	337.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331533218900
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		sident, Policy	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR517619718900
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		78.40
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt		rector Executive Branch Rela	at
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		333.60	P/R Deduction (\$39.20 Bi-
	Other (specify)		000.00	Weekly)
	UBTOTAL of Receipts This Page (optional)			278.40
\vdash	3 _ 3330(pto 15 ago (optional)			20405.00
Ιт	OTAL This Period (last page this line number of	only)	>	32105.88

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 39 / 55 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Date of Receipt Mailing Address P.O. Box 15587 0 4 23 2007 City Zip Code State Transaction ID: 14058516 Austin TX 78761-5587 Amount of Each Receipt this Period FEC ID number of contributing 24000.00 C C00301325 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 24000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	24000.00
TOTAL This Period (last page this line number only)	•	24000.00

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\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
۱.	Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW					ate of	Rece	eipt 3		/ Y		0.7	
	City Washington	State DC	Zip Code 20005							40808		riod	
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A. Merchant Bankcard								of D	isburs		Y	v v	Y
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$ \rangle$	American Hospital Association PAC												
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Α.	Full Name (Last, First, Middle Initial)										1695		
Α.	Lucille Roybal-Allard For Congress							_	isburs		V	V V	V
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C.	Jim Gerlach For Congress Committee								isburs				_
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	Rep. James W. Gerlach				ype								
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American Hospital Association PAC									
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City Washington	State Zip Code DC 20008			Amount	of Each	Disburse	ement t	his Pe	eriod
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City Rancho Sta Mrgrita	State Zip Code CA 92688		Amount of Each Disbursement this Period
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Candidate Name Rep. George P. Radanovich		Category/ Type	
Senate President	Disbursement For: 2008 X Primary General Other (specify)		Contribution
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3. Mark Udall For Congress Inc.			Transaction ID: 14003612 Date of Disbursement
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3. Hulshof For Congress			Date of D	tion ID: 1400 Disbursement			
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City Columbia	State Zip Code MO 65205		Amount	of Each Disbu			-
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Candidate Name Rep. Kenny C. Hulshof		Category/ Type					
9 7	sement For: 2008 X Primary General Other (specify)		Contribu	ition			
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Friends Of John Boehner				Disbursement			
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City West Chester	State Zip Code OH 45069		Amount	of Each Disbu	ırsement	this Pe	eriod
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American Hospital Association PAC							
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City Round Rock	State Zip Code TX 78683		Amour	nt of Each I	Disburser	nent this P	eriod
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Rep. William J. Pascrell, Jr.		Type					
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Texans For Lamar Smith				action ID: f Disburse) /	
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City San Antonio	State Zip Code TX 78209		Amour	nt of Each I	Disburser	nent this P	eriod
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В.	Congressman Bill Young Campaign Com	mittee						of D	sburs	emer				
	Mailing Address P. O. Box 47025						0 ^M 4	М	/ D	1 6	/ L	ž	0 ŏ 7	, ^Y
	City St. Petersburg	State Zip Code FL 33743					Amou	ınt o	f Each	n Disl	ourse	-		
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A Pastor For Arizona Mailing Address PO Box 6554 City State Zip Code Phoenix AZ 85005 Purpose of Disbursement Committee of Disbursement For: 2008 State: AZ District: 4 Full Name (Last, First, Middle Initial) B Becerra For Congress Mailing Address PO, Box 261060 City State Zip Code Phoenix State: AZ District: 4 Full Name (Last, First, Middle Initial) B Becerra For Congress Mailing Address PO, Box 261060 City State Zip Code CA 90026 Purpose of Disbursement Committee of Disbursement Tor: 2008 Mailing Address PO, Box 261060 City State: Zip Code CA 90026 Purpose of Disbursement Committee of Disbursement Comm	Ш	EMIZED DISBURSEMENTS		each category of the				22	X	l .	$oldsymbol{\sqcup}$		4	26
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